

VIRGINIA DEPARTMENT OF FORESTRY

REFORESTATION OF TIMBERLANDS PROJECT REPORT

TRACT NUMBER: _____ PARCEL: _____ RT PROJECT NUMBER: _____
LANDOWNER'S NAME: _____

APPLICANT'S REQUEST

I, _____ (NAME), request funding under the Reforestation of Timberlands Program for the practice indicated below at _____ (ADDRESS OR LOCATION).

Cost share assistance is available for the following practices: **(#1) \$22/acre** planting loblolly or Virginia pine; **(#2) \$44/acre** site prep and plant loblolly or Virginia pine; **(#3) \$35/acre** planting shortleaf, white or pitch-loblolly; **(#4) \$57/acre** site prep and plant shortleaf, white or pitch-loblolly; **(#5) \$40/acre** planting longleaf pine; **(#6) \$62/acre** site prep and plant longleaf pine; **(#7) \$25/acre** herbicide application for all pine species except white pine; and **(#8) \$35/acre** herbicide application for white pine. Cost-share rates shall not exceed **75%** of the total cost of the project. I agree:

- To install practices according to state recommendations, including recommended forestry best management practices (BMPs) consistent with the Virginia Forestry BMP Water Quality Technical Guide, by _____.
- To comply with the Virginia Silvicultural Water Quality Act and the Seed Tree Law when required by the Department of Forestry.
- To refund any incentive payments along with a 10% penalty fee, if for any reason the approved project is not completed as prescribed, or if seedlings planted as part of the project are intentionally removed or destroyed (by current or subsequent landowners) within a period of ten (10) years following the project completion date.
- To designate and assume responsibility for boundaries of the parcel where service work is to be performed; and to give Department of Forestry employees the right to enter the property for the purpose of inspecting the progress of the project.
- That charges for services and seedlings provided by the Department of Forestry will be subtracted directly from the cost-share payment. In the event of a statement for charges exceeding the amount of cost-share allowed, if the statement is not paid within 30 days, I will be subject to a late payment fee of 10% per annum. In addition, if the matter is referred for collection, I will be liable for an additional 20% of the unpaid balance.
- To provide receipts or contractor's statement of cost.
- That in the event that by operation of law the powers and authority of the State Forester shall be so curtailed as to prevent the continued performance of his duties hereunder, or in the event that the General Assembly shall fail to appropriate adequate funds for the continuance of this agreement, then this agreement and all responsibilities of the State Forester hereunder shall cease.
- That I qualify for the agricultural exemption from Virginia Retail Sales and Use Tax on seedlings purchased from the Department of Forestry as the trees are to be planted for future commercial production of timber.
- If my application is to cost-share planting, to apply herbicide within two years should the Department find fewer than 250 planted pines free-to-grow per acre.

REFORESTATION SERVICES AGREEMENT

[Check the reforestation services you wish to obtain from the VA Department of Forestry]

- ☐ Coordinate Planting On Tract @ \$ _____ Per Acre \$ _____ Minimum ☐ Deliver Seedlings To Tract
☐ Coordinate Spraying On Tract @ \$ _____ Per Acre \$ _____ Minimum @ \$ _____ Per Delivery

OWNER/AGENT SIGN HERE _____ DATE _____

LANDOWNER OBJECTIVE: _____

RECOMMENDATIONS: _____

PRACTICE(S): _____

ACRES: _____

ENVIRONMENTAL CONSIDERATIONS: _____

I certify that the above project is needed and, if properly carried out according to the above recommendations, will qualify for incentive payment under the Reforestation of Timberlands Act, §10.1-1170 through 10.1-1176.

FORESTER NAME (PRINT) _____

FORESTER SIGNATURE _____ DATE _____

STATE FORESTER APPROVAL _____ DATE _____

I certify that the above project was completed according to the above recommendations. ACRES COMPLETED (_____)

FORESTER FINAL APPROVAL _____ DATE _____